

<b>Case Number:</b>	CM14-0072258		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/19/2013
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	05/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 67-year-old female RN who sustained an industrial injury on 5/19/13, relative to a trip and fall onto her right knee. The patient underwent right knee arthroscopy meniscectomy on 7/26/13, and an anterior cruciate ligament (ACL) reconstruction on 11/8/13. The 3/28/14 right knee MRI impression documented medial meniscus tears involving the body and posterior horn, status post ACL reconstruction. Findings were consistent with loosening or infection involving the tibial component of the reconstructed ACL. There was protrusion of the fluid collection surrounding the tibial component in the anterior soft tissues at the level of the tibial tuberosity. The 4/26/14 orthopedic report cited on-going right knee pain and instability. Right knee exam documented range of motion 0-130 degrees, no patella instability or apprehension, mild patellofemoral crepitation, and Lachman 2A to 2B. Medial and lateral collateral ligaments were grade 1 and posterior drawer was 1A. Posteriolateral restraints are intact. There was medial and lateral joint line tenderness. There was tenderness over the screw that was slightly prominent at the tibia anteriorly. Right knee x-rays revealed evidence of ACL reconstruction with Endobutton femoral fixation, interference screw and tibial fixation. There was widening of the tibial tunnel. The impression was ACL instability with medial meniscus tear, tunnel widening, and some degree of instability of the knee. The treatment plan recommended arthroscopic evaluation, meniscectomy and debridement, and revision ACL reconstruction. The 5/13/14 utilization review denied the right knee surgery and associated requests as the use of ACL reconstruction in a patient of this age would be by very selective criteria based on activity level and physiologic status which was not documented. Lab testing conducted 6/2/14 showed no evidence of infection.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Request Right Knee ACL revision, meniscectomy, debridement:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints, Chapter 15 Stress Related Conditions Page(s): 343-345. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, ACL reconstruction.

**Decision rationale:** The California MTUS guidelines state that anterior cruciate ligament reconstruction generally is warranted only for patients who have significant symptoms of instability caused by ACL incompetence. The Official Disability Guidelines for anterior cruciate ligament reconstruction generally require physical therapy or bracing, plus subjective clinical findings of pain with instability of the knee or significant effusion at the time of injury, or description of injury indicates rotary twisting or hyperextension incident. Objective clinical findings should demonstrate positive Lachman's sign, positive pivot shift, or positive KT 1000, and imaging findings of ACL disruption. Guideline criteria have been met. This patient presents with clinical evidence of instability, persistent pain, and functional limitations that have failed to improve with reasonable conservative treatment. MRI findings are consistent with loosening of the reconstructed ACL and medial meniscus tear. Infection has been ruled out. Therefore, this request is medically necessary.

**P.A. Surgical assist:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Centers for Medicare and Medicaid services, Physician Fee Schedule.

**Decision rationale:** The California MTUS guidelines do not address the appropriateness of assistant surgeons. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons. The Centers for Medicare & Medicaid Services (CMS) has revised the list of surgical procedures which are eligible for assistant-at-surgery. The procedure codes with a 0 under the assistant surgeon heading imply that an assistant is not necessary; however, procedure codes with a 1 or 2 implies that an assistant is usually necessary. For this requested surgery, CPT Code 29888, there is a "2" in the assistant surgeon column. Therefore, based on the stated guideline and the complexity of the procedure, this request is medically necessary.

**Post-op Physical Therapy 2x6:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 24-25.

**Decision rationale:** The California MTUS Post-Surgical Treatment Guidelines for anterior cruciate ligament repair suggest a general course of 24 post-operative visits over 16 weeks during the 6-month post-surgical treatment period. An initial course of therapy would be supported for one-half the general course or 12 visits. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This request is consistent with guidelines for initial post-op care. Therefore, this request is medically necessary.

**Keflex 500mg #12:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Bratzler DW, Dellinger EP, Olsen KM, Perl TM, Auwaerter PG, Bolon MK, Fish DN, Napolitano LM, Sawyer RG, Slain D, Steinberg JP, Weinstein RA. Clinical practice guidelines for antimicrobial prophylaxis in surgery. Am J Health Syst Pharm. 2013 Feb 1;70(3):195-283.

**Decision rationale:** The California MTUS does not provide guidance for post-operative antibiotics. The National Guideline Clearinghouse was searched. Clinical practice guidelines state that antimicrobial prophylaxis is not generally recommended for patients undergoing clean orthopedic procedures, including knee, hand, and foot procedures; arthroscopy; and other procedures without instrumentation or implantation of foreign materials. Guideline criteria have been met. The use of prophylactic antibiotics for this patient undergoing an arthroscopic repair with sutures and implants is reasonable. Therefore, this request is medically necessary.

**Zofran 4mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice guidelines for postanesthetic care: an updated report by the American Society

of Anesthesiologists Task Force on Postanesthetic Care. *Anesthesiology*. 2013 Feb;118(2):291-307.

**Decision rationale:** The California MTUS and Official Disability Guidelines do not provide recommendations for anti-emetics for post-operative use. Practice guidelines for post-anesthetic care support the use of anti-emetics, such as Zofran, for patients when indicated but do not recommend routine pharmacologic prophylaxis of nausea and vomiting. There are no specific indications for the prophylactic prescription of anti-emetics for this patient. Therefore, this request is not medically necessary.

**Ibuprofen 600mg #90:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-72.

**Decision rationale:** The California MTUS recommend the use of NSAIDs (non-steroidal anti-inflammatory drugs) like ibuprofen for the treatment of knee osteoarthritis in patients with moderate to severe pain. It is generally recommended that the lowest effective dose be used for the shortest duration of time consistent with the individual patient treatment goals. Guideline criteria have been met for use in the post-operative period. Therefore, this request is medically necessary.

**Colace 100mg #10:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Dissemination Core; 2009 Oct. 51 p.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines recommend the initiation of prophylactic treatment of constipation when using opioids. The California Medical Treatment Utilization Schedule and the Official Disability Guidelines do not specifically address the use of stool softeners, such as Colace. The National Guidelines Clearinghouse includes guidelines that support the use of emollient laxatives, such as Colace, for the prevention of opioid-induced constipation. Guideline criteria have been met for post-operative use. Therefore, this request is medically necessary.

**Tylenol #3 qty 30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80,92.

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines support the use of Tylenol with Codeine as an effective method in controlling both acute and chronic pain. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Guideline criteria have been met for the post-operative use of this medication. Therefore, this request is medically necessary.

**Request Vitamin C 500mg 1 PO QD #60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome, Prevention Page(s): 38.

**Decision rationale:** The California MTUS guidelines support the use of prophylactic Vitamin C for the prevention of complex regional pain syndrome for patients who are status post fracture. Guideline criteria have not been met. There is no evidence of pre-complex regional pain syndrome or healing issues. Therefore, this request is not medically necessary.